

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <input type="text" value="033 178"/> <b>8689</b>	2 Fiscal Year Covered From <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2004"/> Through <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
3 Name and address of person filing  Name <input type="text" value="James"/> <input type="text" value="P"/> <input type="text" value="Ksycki"/>   P O Box Bldg Room No if any <input type="text"/>  Street <input type="text" value="819 Catherine"/>  City <input type="text" value="Washington"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61571"/>	4 Name file number and address of labor organization  Name <input type="text" value="UA Plumbers Local 63"/>  Labor Organization File Number <input type="text" value="033 178"/>  P O Box Building and Room Number if any <input type="text"/>  Street <input type="text" value="116 Harvey Court"/>  City <input type="text" value="East Peoria"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61611"/>
5 Position in labor organization <input type="text" value="Finance Committee Officer"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A. Held an interest in</b> engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
<b>6 Name and address of Employer (including trade name if any)</b>  Name <input type="text" value="JA Plumbers Local 63"/>  Trade Name if any <input type="text"/>  P O Box Bldg Room No if any <input type="text"/>  Street <input type="text" value="116 Harvey Court"/>  City <input type="text" value="East Peoria"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61611"/>	<b>7 a Nature of Interest Transaction or Income</b>  <div>Please be advised that, based on the records that are currently in my possession related to the Fiscal year 2004 I do not have to the best of my knowledge any LM 30 reportable transactions I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years</div> <b>7 b Amount</b>  <div><input type="text"/></div>

**Signature**

**-15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

On 8/3/05

**(309) 444-9746**

Date \_\_\_\_\_

Telephone Number

Name of Person Filing James P Ksycki

File Number U 033-178

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State  ZIP Code + 4

9 Business deals with

☐ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employees name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State  ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.